

Schools and Libraries Universal Service Receipt of Service Confirmation Form

FCC Form 486: To be completed by the Billed Entity
Please read instructions before completing.

Estimated Average Burden Hours For First Submission: 15.0 hours
For Subsequent Submissions: 1.5 hours

Applicant's Form Identifier 2001 Telephone

(Create your own code to identify THIS Form 486)

Form 486 Application #

(To be inserted by Fund Administrator)

Block 1: Billed Entity Information

1. Name of Billed Entity Craig County Public Schools		2. Billed Entity Number 126582	3. Funding Year 2001-2002
4. Complete Mailing Address of Billed Entity			
Street Address, P. O. Box or Route Number PO Box 245, Salem Avenue		City New Castle	State VA
Zip Code 24127			
10-Digit Telephone Number 540-864-7550	Fax Telephone Number 540-864-5636	E-Mail Address amorris@craig.k12.va.us	
5. Contact Person Information			
Contact Person Name Adele G. Morris			
Mailing Address (if different from Item 4)			
Street Address, P. O. Box or Route Number Craig County High School, Route 615		City New Castle	State VA
Zip Code 24127			
<input type="checkbox"/> 10-Digit Telephone Number	<input checked="" type="checkbox"/> Fax Telephone Number	<input type="checkbox"/> E-Mail Address	

Check the box next to the preferred mode of contact. (At least one box MUST be checked.)

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, has begun or has planned to begin to receive service after receiving a funding commitment approval pursuant to FCC Form 471.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of an FCC statute, regulation, rule or order, your application may be referred to the federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 15.0 hours for the first submission and 1.5 hours for subsequent submissions, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Entity Number	126582	Applicant's Form Identifier	2001 Telephone
Contact Person	Adele G. Morris	Phone Number	540-864-7550

Block 2a: FUNDING YEAR 4 ONLY — Early Filing Information

ITEM 6A: FOR FUNDING YEAR 4 (THE FUNDING YEAR BEGINNING JULY 1, 2001)

6A. **EARLY FILING.** CHECK THE BOX BELOW IF THE FRNs ON THIS FORM 486 ARE FOR SERVICES STARTING *ON OR BEFORE* OCTOBER 28, 2001.

- ☒ The Funding Requests listed in Block 3 below have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before October 28, 2001.

Remember: Early filing for Funding Year 4 using Item 6A is an option if and **ONLY** if services will start on or before October 28, 2001, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before October 28, 2001.

Block 2b: FUNDING YEARS AFTER FUNDING YEAR 4 — Early Filing Information and CIPA Waiver Request

ITEMS 6B and 6C: FOR FUNDING YEARS AFTER FUNDING YEAR 4 (FUNDING YEARS BEGINNING JULY 1, 2002 OR LATER)

6B. **EARLY FILING.** CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING *ON OR BEFORE* JULY 31 OF THE FUNDING YEAR.

- ☐ The Funding Requests listed in Block 3 below have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

Remember: Early filing for Funding Years after Funding Year 4 using Item 6B is an option if and **ONLY** if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.

6C. **CIPA WAIVER.** CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.

- ☐ I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.

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Contact Person	Adele G. Morris	Phone Number	540-864-7550

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.

If you need additional pages, please label them 3A, 3B, 3C, etc. and indicate the number in the space provided here. Page 3 _____

	(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.) (mm/dd/yyyy)
1	241515	574100	540-86405173	New Castle Tel. Co. dba TDS Telecom	143001421	07/01/2001
2	241515	574122	540-864-5173	A T & T	143001192	07/01/2001
3	241515	574171	540-864-7551	New Castle Tel. Co. dba TDS Telecom	143001421	07/01/2001
4	241515	574243	540-864-5185	New Castle Tel. Co. dba TDS Telecom	143001421	07/01/2001
5	241515	574255	540-864-5185	A T & T	143001192	07/01/2001
6	241515	574283	540-864-6799	New Castle Tel. Co. dba TDS Telecom	143001421	07/01/2001
7						
8						

Entity Number 126582 Applicant's Form Identifier 2001 Telephones
Contact Person Adele G. Morris Phone Number 540-864-7550

Block 4: Certifications and Signature

8. I certify that the technology plan(s) for the services received as indicated on this Form 486 have been approved as necessary. Fill in the name(s) of the organization(s) that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.
- none
9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11

- A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d.
- A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")
- A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 4 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")
- IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 4 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.

11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

- a ☐ the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- b ☐ pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.
- c ☒ the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

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Contact Person	Adele G. Morris	Phone Number	540-864-7550

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES¹:

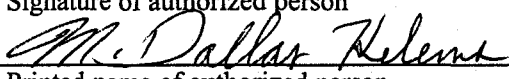
- d ☐ I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e ☐ I certify as the Billed Entity for the consortium that the only services that I have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

For Funding Years after Funding Year 4: If you checked Item 11d above, check ONE of the boxes below:

- f ☐ I certify that some or all of the eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g ☐ I certify that no eligible consortium members checked Form 479 Item 6d to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

¹ See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."

12. Signature of authorized person 	13. Date April 30, 2002
14. Printed name of authorized person Dr. M. Dallas Helems	
15. Title or position of authorized person Superintendent of Schools	
16. Telephone number of authorized person 540-864-5191	

Please submit this form to:

SLD-Form 486
P. O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD-Form 486
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100